## NC STATE UNIVERSITY

## DIVISION OF HUMAN RESOURCES

## **Mediation Request Form**

Date			Intake Person			
Requesting F	Party					
Name				Title		
Phone Numb	ber		E-mail		Campus Box	
NCSU Status						
	EPA	Faculty	Professional Staff	Administrator		
9	SPA	Staff	Supervisor			
Other Party						
Name				Title		
Phone Number			E-mail		Campus Box	
NCSU Status						
I	EPA	Faculty	Professional Staff	Administrator		
9	SPA	Staff	Supervisor			
What would	you like to	discuss?				
Referred by (if applicable)			Relation to Parties			
Results (for d	departmen	ital use only)				
Mediator(s) N	lame(s)					
Meeting #1 Date			Location			
Outcome		Settled				
			Date			
Questions about this form? Contact Employee Relations at (919) 515-6575. Revised: 5/18/2009						Page 1 of 1